DR.ZIAUDDIN HOSPITAL

☐ North Campus ☐ Clifton Campus ☐ Nazimabad Campus ☐ Kemari Campus | ESTD 1957

QUALITY MANAGEMENT SYSTEM ISO 9001:2015 CERTIFIED

COMPLAIN / COMMENT FORM

Date: _____ Time: _____ Sr.#: _____

Name of complainant: _____

Relationship with patient: _____

Email address: _____ Contact#: _____

Patient name: _____ Room#: _____

Patient category: ☐ IPD ☐ OPD

Complain/Comment against: _____ Department

COMPLAIN/COMMENT IN DETAIL:

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SIGNATURE